U.S. doctor blasts for-profit medicine in NYT Op-Ed

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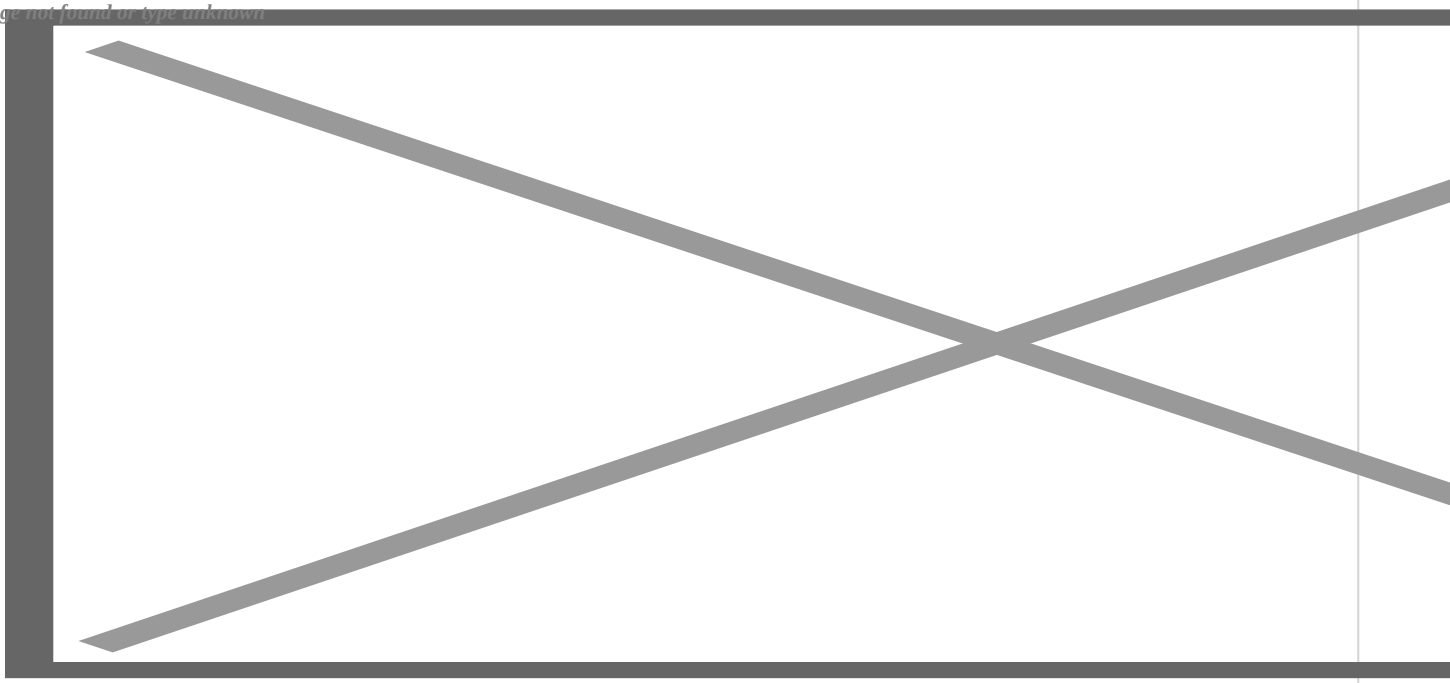

A physician looks into a COVID-19 patient's room as he makes his rounds in the ICU at a hospital in Hartford, Connecticut. (Photo: Joseph Prezioso/AFP via Getty Images)

New York, February 6 (RHC)-- A U.S. physician took to the op-ed pages of The New York Times on Sunday to offer a scathing condemnation of the country's for-profit healthcare system and his profession's historical complicity in campaigns against universal coverage.

"Doctors have long diagnosed many of our sickest patients with 'demoralization syndrome,' a condition commonly associated with terminal illness that's characterized by a sense of helplessness and loss of purpose," wrote Eric Reinhart, a physician at Northwestern University. "American physicians are now increasingly suffering from a similar condition, except our demoralization is not a reaction to a medical condition, but rather to the diseased systems for which we work."

"The United States is the only large high-income nation that doesn't provide universal healthcare to its citizens," Reinhart continued. "Instead, it maintains a lucrative system of for-profit medicine. For decades, at least tens of thousands of preventable deaths have occurred each year because healthcare here is so expensive."

The coronavirus pandemic accelerated that trend and spotlighted the fatal dysfunction of the nation's healthcare system, which is dominated by a handful of massive corporations whose primary goal is profit, not the delivery of care.

According to one peer-reviewed study published last year in the Proceedings of the National Academy of Sciences, a universal single-payer healthcare system could have prevented more than 338,000 Covid-19 deaths in the U.S. from the beginning of the crisis through mid-March 2022.

"In the wake of this generational catastrophe, many healthcare workers have been left shaken," Reinhart wrote Sunday. "One report estimated that in 2021 alone, about 117,000 physicians left the workforce, while fewer than 40,000 joined it. This has worsened a chronic physician shortage, leaving many hospitals and clinics struggling. And the situation is set to get worse. One in five doctors says he or she plans to leave practice in the coming years."

"To try to explain this phenomenon, many people have leaned on a term from pop psychology for the consequences of overwork: burnout. Nearly two-thirds of physicians report they are experiencing its symptoms," he added. But for Reinhart, the explanation lies more in "our dwindling faith in the systems for which we work" than in the "grueling conditions we practice under."

He explained:

What has been identified as occupational burnout is a symptom of a deeper collapse. We are witnessing the slow death of American medical ideology.

It's revealing to look at the crisis among healthcare workers as at least in part a crisis of ideology—that is, a belief system made up of interlinking political, moral, and cultural narratives upon which we depend to make sense of our social world. Faith in the traditional stories American medicine has told about itself, stories that have long sustained what should have been an unsustainable system, is now dissolving.

During the pandemic, physicians have witnessed our hospitals nearly fall apart as a result of underinvestment in public health systems and uneven distribution of medical infrastructure. Long-ignored inequalities in the standard of care available to rich and poor Americans became front-page news as bodies were stacked in empty hospital rooms and makeshift morgues. Many healthcare workers have been traumatized by the futility of their attempts to stem recurrent waves of death, with nearly one-fifth of physicians reporting they knew a colleague who had considered, attempted, or died by suicide during the first year of the pandemic alone.

Although deaths from COVID have slowed, the disillusionment among health workers has only increased. Recent exposés have further laid bare the structural perversity of our institutions. For instance, according to an investigation in The New York Times, ostensibly nonprofit charity hospitals have illegally saddled poor patients with debt for receiving care to which they were entitled without cost and have exploited tax incentives meant to promote care for poor communities to turn large profits. Hospitals are deliberately understaffing themselves and undercutting patient care while sitting on billions of dollars in cash reserves.

Acknowledging that "little of this is new," Reinhart wrote that "doctors' sense of our complicity in putting profits over people has grown more difficult to ignore."

"From at least the 1930s through today, doctors have organized efforts to ward off the specter of 'socialized medicine,'" he wrote. "We have repeatedly defended health care as a business venture against the threat that it might become a public institution oriented around rights rather than revenue."

Confronting and beginning to solve the myriad crises of the U.S. healthcare system will "require uncomfortable reflection and bold action," Reinhart argued, and "any illusion that medicine and politics

are, or should be, separate spheres has been crushed under the weight of over 1.1 million Americans killed by a pandemic that was in many ways a preventable disaster."

"Doctors can no longer be passive witnesses to these harms," he concluded. "We have a responsibility to use our collective power to insist on changes: for universal healthcare and paid sick leave but also investments in community health worker programs and essential housing and social welfare systems... Regardless of whether we act through unions or other means, the fact remains that until doctors join together to call for a fundamental reorganization of our medical system, our work won't do what we promised it would do, nor will it prioritize the people we claim to prioritize."

Reinhart's op-ed came as the prospects for legislative action to transform the U.S. healthcare system appear as distant as ever, despite broad public support for a government guarantee of universal coverage.

With the for-profit status quo deeply entrenched—preserved by armies of industry lobbyists and members of Congress who do their bidding—the consequences are becoming increasingly dire, with tens of millions uninsured or underinsured and one health crisis away from financial ruin.

In a study released last month, the Commonwealth Fund found that "the U.S. has the lowest life expectancy at birth, the highest death rates for avoidable or treatable conditions, the highest maternal and infant mortality, and among the highest suicide rates" among rich countries, even as it spends far more on healthcare than comparable nations both on a per-person basis and as a share of gross domestic product.

"Not only is the U.S. the only country we studied that does not have universal health coverage," the study added, "but its health system can seem designed to discourage people from using services."

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